

To: United States Bankruptcy Court
and Clerk of Court

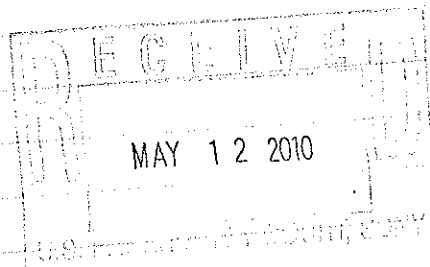
From: Latrell Barfield
P.O. box 536234
Orlando, Florida 32853-6234

Latrell Barfield mailed A
previous indigency application by
mail did the United States Bank
ruptcy Court receive Latrell
Barfield previous letter? The letter
may have been stolen, Latrell Barfield
also suspect

Someone stole

Latrell Barfield

Latrell Barfield
title to make false
claims to Chevrolet
or general motor using
their name. Latrell Barfield
Previously mailed to the Garden
City Group.



IN THE CIRCUIT/COUNTY COURT OF THE JUDICIAL CIRCUIT
IN AND FOR COUNTY, FLORIDA New York

Latrell D. Barfield

CASE NO. 09-50026 (Re)

Plaintiff/Petitioner or in the Interest Of

vs. Motors Liquidation Company

Defendant/Respondent

APPLICATION FOR DETERMINATION OF CIVIL INDIGENT STATUS

Notice to Applicant: If you qualify for civil indigence you must enroll in the clerk's office payment plan and pay a one-time administrative fee of \$25.00. This fee shall not be charged for Dependency or Chapter 39 Termination of Parental Rights actions.

1. I have 0 dependents. (Include only those persons you list on your U.S. Income tax return.)
Are you Married? Yes No Does your Spouse Work? Yes No Annual Spouse Income? \$ 00.00

2. I have a net income of \$ 674.00 paid weekly every two weeks semi-monthly monthly yearly other

(Net income is your total income including salary, wages, bonuses, commissions, allowances, overtime, tips and similar payments, minus deductions required by law and other court-ordered payments such as child support.)

3. I have other income paid weekly every two weeks semi-monthly monthly yearly other One in come social security
(Circle "Yes" and fill in the amount if you have this kind of income, otherwise circle "No")

Second Job	Yes \$ <u>00.00</u>	No <u>No</u>	Veterans' benefits	Yes \$ <u>00.00</u>
Social Security benefits	Yes \$ <u>674.00</u>	No <u>No</u>	Workers compensation	Yes \$ <u>00.00</u>
For you	Yes \$ <u>00.00</u>	No <u>No</u>	Income from absent family members	Yes \$ <u>00.00</u>
For child(ren)	Yes \$ <u>00.00</u>	No <u>No</u>	Stocks/bonds	Yes \$ <u>00.00</u>
Unemployment compensation	Yes \$ <u>00.00</u>	No <u>No</u>	Rental income	Yes \$ <u>00.00</u>
Union payments	Yes \$ <u>00.00</u>	No <u>No</u>	Dividends or interest	Yes \$ <u>00.00</u>
Retirement/pensions	Yes \$ <u>00.00</u>	No <u>No</u>	Other kinds of income not on the list	Yes \$ <u>00.00</u>
Trusts	Yes \$ <u>00.00</u>	No <u>No</u>	Gifts	Yes \$ <u>00.00</u>

I understand that I will be required to make payments for fees and costs to the clerk in accordance with §57.082(5), Florida Statutes, as provided by law, although I may agree to pay more if I choose to do so.

4. I have other assets: (Circle "yes" and fill in the value of the property, otherwise circle "No")

Cash	Yes \$ <u>00.00</u>	No <u>No</u>	Savings account	Yes \$ <u>00.00</u>
Bank account(s)	Yes \$ <u>00.00</u>	No <u>No</u>	Stocks/bonds	Yes \$ <u>00.00</u>
Certificates of deposit or money market accounts	Yes \$ <u>00.00</u>	No <u>No</u>	Homestead Real Property*	Yes \$ <u>00.00</u>
Boats*	Yes \$ <u>00.00</u>	No <u>No</u>	Motor Vehicle*	Yes \$ <u>00.00</u>
			Non-homestead real property/real estate*	Yes \$ <u>00.00</u>

*show loans on these assets in paragraph 5

Check one: I DO DO NOT expect to receive more assets in the near future. The asset is _____

5. I have total liabilities and debts of \$ 6465.38 as follows: Motor Vehicle \$ 00.00, Home \$ 1600.00, Other Real Property \$ 00.00, Child Support paid direct \$ 00.00, Credit Cards \$ 4865.38, Medical Bills \$ 00.00, Cost of medicines (monthly) \$ 00.00, Other \$ 00.00

6. I have a private lawyer in this case..... Yes No

A person who knowingly provides false information to the clerk or the court in seeking a determination of indigent status under s. 57.082, F.S. commits a misdemeanor of the first degree, punishable as provided in s. 775.082, F.S. or s. 775.083, F.S. I attest that the information I have provided on this application is true and accurate to the best of my knowledge.

Signed this 27 day of April, 2010
04-24-1972 Date of Birth B614-524-72-644-4 Driver's License or ID Number

P.O. BOX 536234, Orlando, Fla.
Address, P O Address, Street, City, State, Zip Code 32853-6234

Latrell Barfield
Signature of Applicant for Indigent Status
Print Full Legal Name Latrell Denise Barfield
Phone Number: 407-416-0687

MAY 12 2010

CLERK'S DETERMINATION

Based on the information in this Application, I have determined the applicant to be () Indigent () Not Indigent, according to s. 57.082, F.S.

Dated this _____ day of _____, 20 ____.

Clerk of the Circuit Court by _____

This form was completed with the assistance of: _____

Clerk/Deputy Clerk/Other authorized person.

**APPLICANTS FOUND NOT TO BE INDIGENT MAY SEEK REVIEW BY A JUDGE BY ASKING FOR A HEARING TIME.
THERE IS NO FEE FOR THIS REVIEW.**

Sign here if you want the judge to review the clerk's decision

Latrell Barfield